



In The Abstract

A quarterly newsletter from the Kentucky Cancer Registry

Large Hospital Edition

July 2001

KCR FALL WORKSHOP

September 27-28, 2001



Enclosed with this newsletter is a packet of information containing details and registration forms for the upcoming annual workshop. Please note the registration deadline is Monday, September 10.

CEU's AWARDED FOR SEER DATA REQUIREMENTS TRAINING

NCRA has approved the workshops held in March and April in Madisonville, Lexington, and Louisville for a total of 5.5 CEU's per workshop. A total of 11 CEU's have been granted by NCRA for those attending both sessions of the SEER workshop presented by April Fritz in May. A breakdown of dates, locations, and CEU's follows:



March 20 - Madisonville - 5.5 CEU's

March 28 - Lexington - 5.5 CEU's

April 6 - Louisville - 5.5 CEU's

May 8 - E-town - 6 CEU's

May 9 - E-town - 5 CEU's

May 10 - Lexington - 6 CEU's

May 11 - Lexington - 5 CEU's

CTR EXAM INFORMATION

Interested in obtaining information on becoming certified? The National Board for Certification of Registrars has a website for YOU! The web address is www.nbcr.org for information on test sites, dates, workbook, etc. The next test will be given on September 15, 2001 in many cities including Indianapolis IN, Columbus OH, and Memphis TN; the application deadline is August 1.

KCR ABTRACTOR'S TRAINING

The next abstractors' training class has been scheduled for August 29, 30, & 31 at KCR headquarters, 2365 Harrodsburg Road, Lexington KY. Call 859.219.0773 ext. 221 if you want to be invited to attend.



BACK-UP YOUR DATA. . .

Attention All Hospitals: In the past, KCR has been able to help with restoration of CPDMS data that has been “lost” in those hospitals which have chosen not to perform routine back-up.

Effective from this date forward, each individual hospital will need to take responsibility for backing up its own data routinely, as the restoration service will no longer be available. KCR thanks each of you for your cooperation.

A REMINDER: WHICH OF THESE DO WE ABSTRACT?

- Basal and squamous cell carcinomas of the skin (C44.__ and M8000-M8110)-
These are no longer reportable to KCR. DO NOT abstract these cases unless you are required to by the Commission on Cancer for ACoS approval. ACoS is also considering discontinuing the collection of these skin cancers in 2003.
- PIN - prostatic intraepithelial neoplasia (8077/2).
CIN - cervical intraepithelial neoplasia (8077/2).
CIS - carcinoma in situ of the cervix
(C53.__ with any morphology and a behavior code of 2).
DO NOT abstract or report any of these cases to KCR.
- VIN III - vulvar intraepithelial neoplasia (8077/2).
VAIN III - vaginal intraepithelial neoplasia (8077/2).
AIN III - anal intraepithelial neoplasia (8077/2).
DIN III - ductal intraepithelial neoplasia (8500/2).
DO abstract and report these to KCR, but only if they are documented as Grade III or Grade 3.

CENTRAL CASEFINDING

KCR greatly appreciates the many casefinding “leads” forwarded to the central registry from hospitals throughout the state. Without your involvement in this team effort, our state registry would be missing a considerable number of cases. Please continue to FAX or mail us path reports for cases that are not reportable by your hospital, but which need to be added by the central registry. We would like to ask you to pencil in any demographic data that may be available at your hospital, and most especially Race and Social Security Number. Our non-hospital sources seldom record race, while hospitals usually do. Thank you as always for your help in this area.

DID YOU KNOW...?

- ▶ The SEER Inquiry System (SINQ) can be viewed on the web site <http://seer.cancer.gov>. Click on “Scientific Systems”, then click on “SEER Inquiry System” to review Questions and Answers.
- ▶ ACoS has its own web site for Q&A, known as Inquiry & Response System (I&R). The web address is www.facs.org. Click on “Cancer”, then click on “I&R” to look at submitted questions.
- ▶ Check out the FDA web site for information concerning oncology drugs. Access the internet at www.fda.gov and click on “Drugs”; this will bring you to New CDER Web Pages. Select “FDA Oncology Tools page”, then click on “What drugs are used to treat a disease” to search by organ system. Or, click on “List of Approved Oncology Drugs with Approved Indications” for alpha listing of drugs, indications, and pharmaceutical companies.

PEOPLE NEWS



Welcome to New Hires:

- | | |
|----------------------|---------------------------------------|
| ★ Barbara Bray | KCR Staff Support Associate II |
| ★ Jodee Chumley, CTR | Jewish Hospital, Louisville |
| ★ Jennifer Denham | KCR Small Hospital Abstractor |
| ★ Jan Michno, CTR | KCR Statewide Casefinding Coordinator |
| ★ Pete Ransdell | KCR Senior Systems Analyst/Programmer |
| ★ Emily Reed | KCR Casefinding Auditor |

Resignations:

- | | |
|-----------------------|---|
| ★ Jennifer Denham | Lake Cumberland Regional Hospital, Somerset |
| ★ Margaret Kiener, RN | Norton Audubon Hospital, Louisville |
| ★ Nancy May, CTR | KCR QA Manager |
| ★ Jan Michno, CTR | Baptist Hospital East, Louisville |

Congratulations!

Promotions:

- | | |
|----------------------|--------------------------|
| ★ Reita Pardee, CTR | KCR QA Manager |
| ★ Shelia Levins, CTR | KCR Regional Coordinator |

New CTR:

★ Shelia Levins, CTR KCR Regional Coordinator

NCRA Committee Appointment:

★ Donna Warwick of Caritas Medical Center in Louisville has recently been appointed to serve on the Formal Education Committee of NCRA.

ACoS Approval:

★ Pikeville Methodist Hospital recently received full ACoS approval. Congratulations to Leisa Hopkins, CTR, the registrar at Pikeville Methodist.

GOLDEN BUG AWARD



Congratulations to Barbara Janes, CTR at Norton Audubon Hospital in Louisville, for discovering the follow-up translation code bug.

SEER CODING CORNER

The following questions and answers from SEER are being shared as a means of continuing education for registrars. Please submit your own EOD problems or questions to KCR via your regional coordinator, and responses will be featured in future newsletters as space permits. Keep in mind that it is every registrar's responsibility to keep abreast of new coding rules printed in *"The Abstract."*

Question: The pathology report describes the tumor as a "focus" but also gives a size. Should size of tumor be recorded as 001 (focus) or the actual size?

Answer: Record the actual tumor size. The rule that says to code a focus or foci of tumor as 001 was developed for use when no tumor size is given. (Reference: SEER EOD-88 3rd ED; page 4.)

Question: We are having a difficult time interpreting the rule about coding histology for colon cases when they are first found in polyps and then also found in the resection. 1) If the cancer was found in a polyp, should the histology be coded as carcinoma in a polyp, or should the histology be coded to adenocarcinoma if the resection shows malignancy in the colon, not just in the polyp? 2) If there is residual tumor in the same place where the polyp was, do you code it as "in a polyp" or not?

Answer: 1) If there is one lesion, adenocarcinoma that arises in a polyp that has extended to invade the colon, code as arising in a polyp. If there are two

tumors, one arising in a polyp and a frank adenocarcinoma arising in the colon wall, code the histology as adenocarcinoma, NOS.

2) If there is residual tumor, read the pathology report carefully. If the pathology describes the residual tumor as being the same place where the polyp was located (where the polyp's stalk was resected), and describes the residual as further extension from the cancer in the polyp, code as adenocarcinoma or carcinoma in a polyp. If there was no invasion of the stalk of the polyp, or if the pathology report from the colon resection says the cancer did not arise in a polyp, code the histology to adenocarcinoma, NOS or carcinoma, NOS. (Reference: SEER Program Manual; page 97.)

Question: How do you code for the drug Gleevec that is being used to treat Chronic Myelogenous Leukemia?

Answer: Gleevec should be classified as a chemotherapy agent, albeit a unique one. It is definitely not a hormone, nor an "other therapy", and it doesn't fit the definition of immunotherapy very well. Gleevec seems to work the same way many other chemo drugs do, by disrupting cell division, but for malignant cells containing the BCR-ABL protein only, rather than for normal and abnormal cells together. When the cells can't divide and create a new generation, they simply die. This meets the definition of an antineoplastic chemotherapy agent.

Question: What do you code as tumor size if you have a melanoma of the skin that is 10 mm deep?

Answer: Any melanoma of the skin that is 9.9 mm deep or greater should be coded '990' in the tumor size field. (KCR inquiry to April Fritz 6/15/01.)

USING KCR DATA...

Ovarian Cancer Study

Researchers have identified various reproductive risk factors for ovarian cancer, but little is known about how these risk factors initiate or promote tumor development. It is possible that different types of tumors may be triggered or promoted by different risk factors. If so, a significant association may exist between specific risk factors and particular molecular alterations found in the tumor DNA. A pilot study being done by Maura Pieretti, Ph.D., Pathology and Laboratory Medicine; Claudia Hopenhayn-Rich, Ph.D., Preventive Medicine and Environmental Health; and Thomas Tucker, M.P.H., Kentucky Cancer Registry (KCR)

will utilize data collected by the KCR to obtain information on risk factors associated with ovarian cancer. Drs. Pieretti and Hopenhayn-Rich will compare genetic alterations in tumors from all women diagnosed with the disease at the UK Hospital and UK Markey Cancer Center between October 1998 and June 1999. The joint analysis and validation of the molecular and epidemiological data gathered in the study will serve as invaluable preliminary data for a larger scale study on ovarian cancer or for similar studies on different cancers.

DO YOU KNOW YOUR REGISTRY DATA?

As registrars, we spend much time and effort in collecting accurate data. What do we really know about the information contained in the most recent annual incidence report? See if you can answer these questions from the 1999 KCR report, which can be accessed at: <http://www.kcr.uky.edu>.

1. Which area of Kentucky had the highest incidence rate of female lung cancer?
 - a. Northern
 - b. Southeastern
 - c. Jackson Purchase
 - d. Urban areas
2. The most common primary site in KY in 1999 was:
 - a. Colon
 - b. Prostate
 - c. Breast
 - d. Lung
3. Which Area Development District had the highest age-adjustment incidence rate for melanoma?
 - a. Barren
 - b. Purchase
 - c. Bluegrass
 - d. Gateway
4. Invasive cervical cancer occurred most frequently in which age group in 1999?
 - a. 35-39
 - b. 40-44
 - c. 50-54
 - d. 65-69

Answers: #1=b, #2=d [NSC+SmC], #3=c, #4=d